DEPARTMENT OF HEALTH AND HUMAN SERVICES

ISLAND HOME PARK

PAGE 05/10 FORM APPROVED

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	<del></del>		0		D. 0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERS UPPLIER/CLIA IDENTIFICATION NUMBER  445476		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LE CONSTRUCTION 6 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		445476	B, WING	;			
NAME OF	NAME OF PROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	3/09/2014
ISLAND	HOME PARK HEALTH	AND REHAB	i	1	1758 HILLWOOD DRIVE		
<del></del>				j	KNOXVILLE, TN 37920		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		FROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OBFICIENCY)		(X5) COMPLETION DATE
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed; tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4		КО		K052 The magnetic delayed egress doors were reprogrammed on 3/12/14 by Gallaher and Associates Inc. to remain released and freely open when fire alarm is silenced, and to re-energize and lock back to their delayed egress function when fire alarm is reset.		3/26/14
	pased on observatio	Cilify failed to maintain the			Weekly inspections by the Facilities Management Director or the Facilities Management Assistant will be made of a magnetically locked doors for one month to assure proper programming is in place during silence phase of fire alarm testing to keep doors released and able to freely open, then monthly in conjunction with each fire drill.  Results obtained will be reported by the Pacilities Management Director to the monthly Quality Assurance Performance Improvement meetings for review and		
s 1 f d is f f d	in 1.45 a.m. revealed the cilenced that 6 of 6 miles and lock and lock agrees function. During the initial fire all lelayed egrees doors soonly when the fire all e-energize and lock bunction. This finding was verificative and acknowled uring the exit interviewer.	ress doors will back by their delayed larm activation, all 6 of 6 release and freely open, it arm is silenced that they ack to their delayed egress ad by the maintenance diged by the administrator on March 9, 2014		I CAN ME A B P	recommendations. This committee will determine if any revisions are needed to the action plan.  Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resources, Minimum Data Set Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director Dietician and Charmacist reports are reviewed; and		
K 076 N	FPA 101 LIFE SAFET	TY CODE STANDARD	 K 076	1 +3	iese consultants attend as needed.		
RATORY DI	RECTOR'S OR PROVIDER/S	UPPLIER REPRESENTATIVES SIGNA	'URE	لـ	TITLE	- <u> </u> 	(B) DATE

y deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 is following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

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Event ID: QP5021

Facility ID: TN4706

PAGE: 06/10 <sup>1</sup>만[동안 년의 1의2014 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445476 B, WING NAME OF PROVIDER OR SUPPLIER 03/09/2014 STREET ADDRESS, CITY, STATE, ZIP CODE ISLAND HOME PARK HEALTH AND REHAB 1758 HILLWOOD DRIVE KNOXVILLE, TN 37920 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION TAG PREFIX . (EACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION: DATE TAG DEFICIENCY) K 076 Continued From page 1 K076 K 076 \$\$=D 10 oxygen E-cylinders in the outside 3bb/y Medical gas storage and administration areas are oxygen storage area not secured in a protected in accordance with NFPA 99, Standards storage rack or container were secured in for Health Care Facilities. a container by Facilities Management Director on 3/10/14. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour Daily inspections by the Facilities separation. Management Director, the Facilities Management Assistant, Director of (b) Locations for supply systems of greater than Nursing, Nursing manager on duty and/or 3,000 cu.ft. are vented to the outside. NFPA 99 Administrator will be done to assure all 4.3.1.1.2, 19.3.2.4 E-cylinders in the outside oxygen storage area are secured in a storage rack or container for 2 weeks, then weekly x 4 weeks and/or 100% compliance. Monthly inspections will be completed by Safety This STANDARD is not met as evidenced by: Committee. Based on observation, it was determined that the Results obtained will be reported by the facility failed to ensure medical gasses were Facilities Management Director to the properly stored. monthly Quality Assurance Performance Improvement meetings for review and The findings include: recommendations. This committee will determine if any revisions are needed to Observation on March 9, 2014 at 8:48 a.m. revealed the outside oxygen storage area has 10 the action plan. oxygen E-cylinders that were not secured in a Safety Committee consists of storage rack or container. Administrator, Facilities Management Director, Dietary Director, Director of This finding was verified by the maintenance Nursing, Housekeeping and/or Laundry director and acknowledged by the administrator employee, Certified Nursing Assistant during the exit interview on March 9, 2014. and/or Licensed Nurse. NFPA 101 LIFE SAFETY CODE STANDARD K 147 SS≂D Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

PAGE 07/18 PRINTED: U3/13/2014 FORM APPROVED OMB NO. 0938-0391

440 PC/(4	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) D	O. 0938-0 ATE SURVEY OMPLETED		
NAME OF	PROVIDER OR SUPPLIER	445476	B. WING_			A1041-4		
ISLAND	HOME PARK HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE  1758 HILLWOOD DRIVE  KNOXVILLE, TN 37920				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENT) FYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	(XS) COMPLET DATE			
	This STANDARD is Based on observation facility failed to prohi a substitute for fixed medical equipment.  The findings include:  Observation on Marc revealed that residen oxygen concentrators.  This finding was verified.	not met as evidenced by: on, it was determined that the bit the use of power strips as wiring to provide power to  h 9, 2014 at 11:12 a.m. t rooms 108 and 408 have plugged into power strips, ied by the maintenance		Quality Assurance Performance Improvement Committee consists Administrator, Medical Director, of Nursing, Assistant Director of Human Resources, Minimum Da Coordinator, Treatment Nurse, Admissions Director, Business O Manager, Rehab Manager, Medica Records, Social Services, Facilities Management Director, Dietary M and Activity Director Dietician at Pharmacist reports are reviewed, at these consultants attend as needed these consultants attend as needed with the Coxygen concentrators plugged power strips in resident rooms 108 408 were corrected and plugged dinto wall outlets by Facilities Management Director on 3/9/14.  All resident rooms were checked to assure oxygen concentrators were plugged directly into wall outlets b Facilities Management Director on 3/9/14.  Education was provided at all-empt Staff Meeting by Director of Nursit regarding requirement of plugging oxygen concentrators directly into volulets on 3/14/14.	Director Nursing, ta Set  ffice cal cs anager, nd and d into d and rectly	3/26/		

## 02/04/2006 17:46 8652464212 ISLAND HOME PARK PRINTED: 03/13/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445476 B, WING 03/09/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ISLAND HOME PARK HEALTH AND REHAB 1758 HILLWOOD DRIVE KNOXVILLE, TN 37920 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 147 Weekly inspections by the Facilities K 147 Management Director or the Facilities Management Assistant will be made of all oxygen concentrators in resident rooms for one month to assure they are plugged directly into wall outlets, then once a month for two months and/or 100% compliance. Monthly inspections will be completed by Safety Committee. Safety Committee consists of Administrator, Facilities Management Director, Dietary Director, Director of Nursing, Housekeeping and/or Laundry employee, Certified Nursing Assistant and/or Licensed Nurse. Results obtained will be reported by the Facilities Management Director to the

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monthly Quality Assurance Performance Improvement meetings for review and recommendations. This committee will determine if any revisions are needed to

Quality Assurance Performance Improvement Committee consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resources, Minimum Data Set

Coordinator, Treatment Nurse, Admissions Director, Business Office Manager, Rehab Manager, Medical Records, Social Services, Facilities Management Director, Dietary Manager, and Activity Director Dictician and Pharmacist reports are reviewed, and these consultants attend as needed.

the action plan.

If continuation sheet Page 3 of 3